



DALLAS
ENT
GROUP

Adult and Pediatric Otolaryngology
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Myringotomy Procedure Instructions

During the procedure, the ENT surgeon makes a small incision in the eardrum. The incision, or slit, allows for ventilation and equalization of pressure between the outer ear canal and the middle ear. The equalization of pressure on both sides of the eardrum prevents fluid or pressure from building up.

In most cases, surgery can be done on both ears in less than 10 minutes.

Making a Slit:

In office, after local anesthesia is applied, the ear canal is cleaned under an operating microscope. Again, using the microscope and special surgical instruments, the ENT surgeon makes a small incision in the eardrum (tympanostomy).

The eardrum perforation, or hole, created by the incision will usually close on its own within a few months. Occasionally, a patient may have need for multiple myringotomies as the issue returns after the perforation heals. For these patients, tube placement, in which a small tube is placed in the middle of the incision to allow for prolonged ventilation, may be recommended.

Occasionally, the perforation may not heal on its own. In these cases, the ENT may choose to allow the perforation to stay open long-term. They may also recommend that the perforation be manually closed by patching it with a graft.

Directly following the procedure, the patient may go about their day as usual.

CALL THE DOCTOR IF:

1. The ear bleeds heavily or keeps bleeding after the first 48 hours.
2. Sticky or discolored fluid drains out of the ear after the first 48 hours.
3. The patient has a high fever that does not respond to over-the-counter fever medication.
4. The patient is dizzy, confused, extremely drowsy, or has a change in mental state.

In this case, antibiotic eardrops will be prescribed. The patient should use 5 drops on each ear twice a day for 5 days after the procedure.

After Myringotomy

Improvement is usually seen within the first day after the procedure. The patient will be given an appointment to see the surgeon within 3-4 weeks after the procedure.

When the patient returns to the office, the surgeon will examine both ears to check the eardrums.

The patient will be followed by the surgeon regularly.



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If the patient has a history of fluid buildup in the ear, the patient may experience drainage after the procedure. This is normal.

If drainage and infection does occur, treatment will include antibiotic eardrops and possibly irrigation with peroxide and distilled water. Our office will give instructions on irrigating at home, as needed.

Oral antibiotics are only given if the patient is experiencing an elevated temperature over 101°F.

Ear Care

It is **highly** recommended to keep water out of the ears any time there is a perforation in the eardrum. This includes avoidance of bath water, swimming pool, river, and lake water. If water enters the ear, there is a risk of the water getting into the middle ear space. This will cause mild to severe pain. Water of any kind may contain contaminants, which can cause an infection if it enters the middle ear.

For those that cannot avoid water, swimplugs are **highly** recommended for every interaction with water.

Please do not hesitate to call our office if you have any questions!